

## State of Idaho

Ben Ysursa Secretary of State

Phone: (208) 334-2852 Fax: (208) 334-2282

| L | o | BB | Y | IS | T. | A | N | N | I | J | A. | L | R | Œ | P | O | F | r | ŀ | 7( | 0 | R | I | / |
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To Be Filed By:

LOBBYISTS L-2 (Sec. 67-6619)

| Page | of            | Page(       | S  |
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2006 SEP 29 AN 9:01

|   |                       |                   | V                                   | Annual       |  |   | ]8         | Semi-Annu                           | al                  |                          |                | ,          |  |  |
|---|-----------------------|-------------------|-------------------------------------|--------------|--|---|------------|-------------------------------------|---------------------|--------------------------|----------------|------------|--|--|
|   |                       |                   | arly in black ink) t bottom of page |              |  | _   |            | SE                                  | DEUTE IAAN OF STATE |                          |                |            |  |  |
| Lobbyis   |                       | permanent busine  |                                     |              | D  | ate pi  | repared    |                                     | Period covered      |                          |                |            |  |  |
| Paul  | Jagosh                |                   |                                     |              |  |   |            |                                     |                     | year ending              |                |            |  |  |
|   | Box 1542              |                   |                                     |              |  |   |            | 9-26-0                              | 6                   | (Mo.)                    | ) (Dev)        | (Vr)       |  |  |
| Idaho   |                       |                   |                                     |              |  |   | (NO.       | ) (Day)                             | (Yr.)               |                          |                |            |  |  |
| Item<br>1   | Total                 | s of all reportal | ole expenditures made o             | r incurred b | y Lobi   | byist o   | r by       | Lobbyist's Empl                     | oyer on behalf      | of Lobb                  | yist's Emplo   | yer.       |  |  |
| Ca  | ategory of E          |                   | *Total Amount for                   | Proportion   | roportionate amounts contributed by each employer (Identify employers tem 3, at bottom of page.) |   |            |                                     |                     |                          |                |            |  |  |
| Expense   |                       | Lobbying Activity | All Employers                       | Emplo        |  |   |            | Employer No. 3                      |                     | Employer                 | No. 4          |            |  |  |
| Enterta<br>Food a   | inment<br>nd Refreshm | ent               | \$0.00                              | s            |  | s   |            |                                     | \$                  |                          | \$             |            |  |  |
| Living  | Accommoda             | tions             |                                     |              |  |   | _          |                                     |                     | internation was a second |                |            |  |  |
| Adverti   | ising                 |                   |                                     |              |  |   |            |                                     |                     |                          |                |            |  |  |
| Travel  |                       |                   |                                     |              |  |   | _          |                                     |                     |                          | -              |            |  |  |
| Telepho   | one                   |                   | _                                   | -            |  |   | _          |                                     | _                   |                          |                |            |  |  |
| Other E   | Expenses or S         | Services          |                                     | -            |  |   | _          |                                     | _                   |                          |                |            |  |  |
|   |                       | Total             | s0.00                               | s            | 0.0  | 00  | <b>s</b> _ | 0.00                                | s                   | 0.00                     | \$             | 0.00       |  |  |
| *When   |                       |                   | are reporting for require           |              |  |   |            |                                     |                     |                          |                | on Page 1. |  |  |
| Item 2  |                       | of each expend    | iture of more than fifty d          | ollars (\$50 |  |   |            |                                     |                     |                          |                |            |  |  |
|   | Date                  |                   | Place                               |              | A  | mount   |            | Names of Legis                      | lators, Public an   | d Execut                 | tive Officials | in Group   |  |  |
|   |                       |                   |                                     |              |  | 0   |            |                                     |                     |                          |                |            |  |  |
|   |                       |                   |                                     |              |  |   |            |                                     |                     |                          |                |            |  |  |
|   |                       |                   |                                     |              |  |   |            |                                     |                     |                          |                |            |  |  |
|   |                       |                   |                                     |              |  |   |            |                                     |                     |                          |                |            |  |  |
|   |                       |                   |                                     |              |  |   |            |                                     |                     |                          |                |            |  |  |
|   |                       |                   |                                     |              |  |   |            |                                     |                     |                          |                |            |  |  |
|   | Continued on          | attached page(s)  |                                     |              |  | _   |            | 1                                   |                     |                          |                |            |  |  |
|   |                       | INST              | RUCTIONS                            |              |  | Ite<br>3  |            | Employer(s) Name(s) and Address(es) |                     |                          |                |            |  |  |
| Who should file this form: Any lobbyist registered under Section 67-6617 Idaho Code                     |                       |                   |                                     |              |  | No. 1 Idaho Fraternal Order of Police<br>P.O Box 1542 Idaho Falls, Id 83403 |            |                                     |                     |                          |                |            |  |  |
| Filing deadline: Annual report is due on January 31st.  Executive Lobbist semi-annual report due July 3 |                       |                   |                                     |              |  | No. 2   | 2          |                                     |                     |                          |                |            |  |  |
| TO BE FILED WITH:   |                       |                   |                                     |              |  |   |            | .,                                  |                     |                          |                |            |  |  |
| Ben Ysursa  |                       |                   |                                     |              |  |   | 3          |                                     |                     |                          |                |            |  |  |
| Secretary of State<br>PO Box 83720  |                       |                   |                                     |              |  |   |            |                                     |                     |                          |                |            |  |  |
| 1   | Boise, ID 83720-0080  |                   |                                     |              |  |   |            |                                     |                     |                          |                |            |  |  |

| Item<br>4                     | personal property to any Legislator, Public or Executive Official or for or on behalf of any Legislator, Public or Executive Official. |                                     |                     |   |   |   |          |  |  |  |  |  |  |  |
|-------------------------------|--|-------------------------------------|---------------------|---|---|---|----------|--|--|--|--|--|--|--|
|                               | Date   |                                     | Amount              | Nar   | ame of Legislator, Public or Executive Official Receiving or Benefiting |   |          |  |  |  |  |  |  |  |
| Item 5 Subject (from 22 22 22 | or Ho<br>the L<br>Code<br>table)   | ouse Bill,<br>obbyist w<br>Bill, Re |                     | ion, the number of the Senate legislative activity in which posing.  Appropriation Bill Number and Section Number | Code 01 02 03 04 05 06 07 08 09 10 11                                   | LEGISLATIVE SUB.  Subject Agriculture, horticulture, farming, and livestock Amusements, games, athletics and sports Banking, finance, credit and investments Children, minors, youth, senior citizens Church and religion Consumer affairs Ecology, environment, pollution, conservation, zoning, land and water use Education Elections, campaigns, voting, political parties Equal rights, civil rights, minority affairs Government, financing, taxation, revenue, budget, |          | IDENTIFICATION  Subject Health service, medicine, drugs and controlled substances, health insurance, hospitals Higher education Housing, construction, codes Insurance (excluding health insurance) Labor, salaries and wages, collective bargaining Law enforcement, courts, judges, crimes, prisons License, permits Liquor Manufacturing, distribution and services Natural resources, forest and forest products, fisheries, mining and mining products Public lands, parks, recreation Social insurance, unemployment |  |  |  |  |  |  |
|                               |  |                                     |                     |   | 12<br>13<br>14<br>15<br>16  | appropriations, bids, fees, funds<br>Government, county<br>Government, federal<br>Government, municipal<br>Government, special districts<br>Government, state   | 29 30 31 | insurance, public assistance, workmen's compensation Transportation, highways, streets and roads Utilities, communications, televisions, radio, newspaper, power, CATV, gas Other (please specify)   |  |  |  |  |  |  |
| Item                          |  |                                     |                     | lecision, procurement,  | 7   | CERTIFICATION: I hereby certify the correct statement in accordance with S cobbyist alguature   |          |  |  |  |  |  |  |  |
|                               |  |                                     | t was supporting or |   |   |   |          |  |  |  |  |  |  |  |
|                               |  |                                     |                     |   | E   | mployer No. 1 signature   |          | Date   |  |  |  |  |  |  |
|                               |  |                                     |                     |   | E   | mployer No. 2 signature   |          | Date   |  |  |  |  |  |  |
|                               |  |                                     |                     |   | E   | mployer No. 3 signature   |          | Date   |  |  |  |  |  |  |
|                               |  |                                     |                     |   | E   | mployer No. 4 signature   |          | Date   |  |  |  |  |  |  |